



# GLENROY WEST PRIMARY SCHOOL 4809 EFTPOS POLICY

INSPIRE GROW ACHIEVE

## 1. Rationale:

An Eftpos Policy is a requirement of the Department of Education & Training (DET) as part of Internal Control procedures. It aims to give clear guidelines to the school community, Principal and School Council as to how Eftpos receipting will be carried out at Glenroy West Primary School.

## 2. Aims:

- Ability to accept and provide alternative payment methods to parents
- Provide an ability to accept non-cash electronic payments by credit and debit transactions
- Increase the options and convenience provided for payments
- Improve security by reducing the amount of cash handled and kept on school premises

## 3. Implementation:

- Proper authorisation and approval by School Council for the initial setting up of the facility.
- Secure location of the Eftpos terminal which will allow for authorised usage only and ensure privacy of PIN transactions.
- Documentation to be kept confirming all transactions such as merchant copies of Eftpos receipts, voided receipts, refunds, daily Eftpos reconciliation reports, authorisation details and relevant CASES21 reports.
- Establishment of an Eftpos user register outlining the school's unique ID (if applicable) and the Eftpos functions authorised to each user.
- No processing of phone or offline receipts and refund transactions.
- Reconciliation of monthly Eftpos statement received from the Commonwealth bank with CASES21 transaction reports.
- Reconciliation of daily Eftpos settlement statements with CASES21 transactions.
- Transactions which provide 'cash' to the parent **not** to be undertaken under any circumstances.
- A separate receipt batch (not containing cash or cheque transactions) for Eftpos receipts to be updated each day. The settlement on the terminal to be carried out at the same time.
- Incorrect transactions entered prior to receipting in Cases21 are to be reversed via the Eftpos machine with a full explanation given on the Eftpos Reversal form (attached).

## 4. Evaluation:

This policy will be reviewed as part of the school's three-year review process.
This policy was ratified by School Council 31 <sup>st</sup> August 2015
The policy will be next reviewed 2018

# EFTPOS Reversal



Date: \_\_\_\_\_

Name of Parent/Guardian: \_\_\_\_\_

Reason for Reversal \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Incorrect Amount \$ \_\_\_\_\_ Correct Amount \$ \_\_\_\_\_

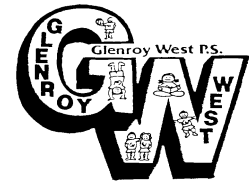
Reversal completed via Credit/Eftpos card or manually (circle)

Approved  
Parent/Guardian: \_\_\_\_\_

Approved  
Principal: \_\_\_\_\_

Signature Operator \_\_\_\_\_

# EFTPOS Reversal



Date: \_\_\_\_\_

Name of Parent/Guardian: \_\_\_\_\_

Reason for Reversal \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Incorrect Amount \$ \_\_\_\_\_ Correct Amount \$ \_\_\_\_\_

Reversal completed via Credit/Eftpos card or manually (circle)

Approved  
Parent/Guardian: \_\_\_\_\_

Approved  
Principal: \_\_\_\_\_

Signature Operator \_\_\_\_\_